

FEB 25 1941

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH

(a) County Audrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
921 W. Latney St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Months
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary Ellen Robinson

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Pillie Robinson 6. (c) Age of husband or wife if alive 1860 years
7. Birth date of deceased March 25 (Month) (Day) (Year)

8. AGE: Years 80 Months 10 Days 6 If less than one day hr. min.

9. Birthplace Boone County (City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business

12. Name Marion Gibson
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant A.J. Tribble

(b) Address Mexico, Mo.

17. (a) Burial (b) Date thereof Feb. 2, 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Locust Grove Cemetery

18. (a) Signature of funeral director Carl E. Smith

(b) Address Mexico, Mo.

19. (a) Feb 1-1941 (b) Blanche Neely
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
(c) City or town Sturgeon
(If outside city or town limits, write "RURAL")
(d) Street No. 92 (If rural, give location)
(e) If foreign born, how long in U. S. A? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 30
year 1941 hour minute M.

21. I hereby certify that I attended the deceased from Dec 20th 1941 to Jan 30 1941
that I last saw him alive on Jan 30 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis chr
Arterio Sclerosis
Due to Senility
Other conditions (Include pregnancy within 3 months of death) 92 F
Major findings: Of operations
Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature R. S. Williams (M. D. or other) Pen D
Address unrecd m Date signed 2-1-41

RECEIVED

District Health Officer No. 10

District File Number

2-41-452

FEB 19 1941

Date Filed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Earl E. Precht

Registered Apprentice No.

working under my personal supervision.

Signed

Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16 29

Registration District No. 26

Primary Registration District No. 3002

Registrar's No.

1. PLACE OF DEATH:

- (a) County Andran
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT
FULL NAMEMary Ellen Robinson3. (b) If veteran,
name war _____3. (c) Social Security
No. _____4. Sex F5. Color or
race w6. (a) Single, widowed, married,
divorced urs

6. (b) Name of husband or wife _____

6. (c) Age of husband, or wife, if
alive _____ years

7. Birth date of deceased _____

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

80106

min.

9. Birthplace

Boone Co Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____

(City, town, or county)

(State or foreign country)

14. Maiden name _____

15. Birthplace _____

(City, town, or county)

(State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____
(Burial, cremation, or removal)

(b) Date thereof _____

(Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) Feb 1-1941
(Date received local registrar)(b) Blanche Neely
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Jan day 30
year 1941 hour _____ minute _____ M.21. I hereby certify that I attended the deceased from _____
_____, 19____, to _____, 19____;
that last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____23. Signature R. S. Williams (M. D. or other)Address Mexico Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

S-1629